Social Work License Renewal Application (Please type or print in black ink)

Date1	LICENSE NO				
Current licensure status:	☐ Active ☐	On probation	☐ Inactive		
NAME			SS NO	DOI	3
(First) Any other name, which MI					
Mailing Address				Tel. No	
(City)		(State) (Zip)		(County)	
Email Address:			(not require	d)	
Current Employment			Title of Posi	tion	
Business Address				Tel. No	
(City)	(S	tate) (Zip)	(1	County)	
Do you state by means of a CONDUCT set forth in the explanation I hereby swear and affirm und	e Rules and Reg	ulations Manua	al (pages 17-21)	□ Yes □ No If no	o, attach full
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CONDUCT set forth in the explanation	e Rules and Reguer penalties of perjun	ry that the foregoi LMS 30 A	al (pages 17-21) ing information is to SW - \$100 April 30	Tue. Signature LCSW - \$100 April 30	o, attach full
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